



Atty. Dkt. No. 041457-0630

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Juan MANTELLE et al.

Title: COMPOSITIONS AND METHOD  
FOR TREATMENT OF  
ATTENTION DEFICIT  
DISORDER AND ATTENTION  
DEFICIT/HYPERACTIVITY  
DISORDER WITH  
METHYLPHENIDATE

Appl. No.: 10/024,513

Filing Date: 12/21/2001

Examiner: Frank I. Choi

Art Unit: 1616

TECH CENTER 1600/2900  
OCT 02 2003

RECEIVED

**AMENDMENT TRANSMITTAL**

Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[ ] Assertion of Small Entity status is enclosed.

[ X ] The fee required for additional claims is calculated below:

| Claims<br>As<br>Amended                                 | Previously<br>Paid For | Extra<br>Claims<br>Present | Rate       | Additional<br>Claims Fee |
|---------------------------------------------------------|------------------------|----------------------------|------------|--------------------------|
| Total Claims: 34                                        | □ 38                   | = 0                        | x \$18.00  | = \$0.00                 |
| Independents: 5                                         | □ 5                    | = 0                        | x \$84.00  | = \$0.00                 |
| First presentation of any Multiple Dependent<br>Claims: |                        |                            | + \$280.00 | = \$0.00                 |

|                   |   |        |
|-------------------|---|--------|
| CLAIMS FEE TOTAL: | = | \$0.00 |
|-------------------|---|--------|

- [ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

|                                                                         |            |                 |
|-------------------------------------------------------------------------|------------|-----------------|
| Extension for response filed within the first                           |            |                 |
| <input type="checkbox"/> month:                                         | \$110.00   | <u>\$0.00</u>   |
| Extension for response filed within the second                          |            |                 |
| <input type="checkbox"/> month:                                         | \$410.00   | <u>\$0.00</u>   |
| Extension for response filed within the third                           |            |                 |
| <input checked="" type="checkbox"/> month:                              | \$930.00   | <u>\$930.00</u> |
| Extension for response filed within the fourth                          |            |                 |
| <input type="checkbox"/> month:                                         | \$1,450.00 | <u>\$0.00</u>   |
| Extension for response filed within the fifth                           |            |                 |
| <input type="checkbox"/> month:                                         | \$1,970.00 | <u>\$0.00</u>   |
| EXTENSION FEE TOTAL:                                                    |            |                 |
|                                                                         |            | <u>\$930.00</u> |
| Statutory Disclaimer Fee under 37 C.F.R.                                |            |                 |
| <input type="checkbox"/> 1.20(d):                                       | \$55.00    | <u>\$0.00</u>   |
| CLAIMS, EXTENSION AND DISCLAIMER FEE                                    |            |                 |
|                                                                         | TOTAL:     | <u>\$930.00</u> |
| <input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above): |            | <u>\$0.00</u>   |
|                                                                         | TOTAL FEE: | <u>\$930.00</u> |

- [ ] Please charge Deposit Account No. 19-0741 in the amount of \$930.00. A duplicate copy of this transmittal is enclosed.

- [ X ] A check in the amount of \$930.00 is enclosed.

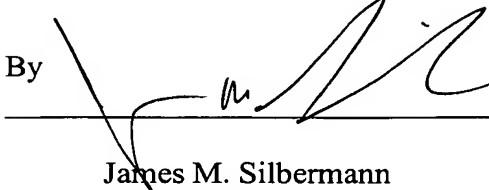
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date September 25, 2003

FOLEY & LARDNER  
Customer Number: 22428  
Telephone: (202) 672-5585  
Facsimile: (202) 672-5399

By 

James M. Silbermann  
Attorney for Applicant  
Registration No. 40,413